

# Employee Complaint Form



ID# \_\_\_\_\_

Date \_\_\_\_\_

1) Name	2) Department	3) Phone (Work)
4) Job Title	5) Home Address	6) Phone (Home)
7) Date(s) of incident(s)	8) Email	
9) Full name, title, division/department and telephone number of the person(s) with whom conflict exists:		

10) Please provide specific examples and include date(s), time(s), location(s), witnesses, etc.

Please reference any evidence you believe may exist.

## 11) BASIS OF CLAIM

*What behavior is the basis of the complaint?*

- ☐ AR49: Workplace violence
- ☐ AR55: Workplace behavior
- ☐ AR55: Bullying
- ☐ AR55: Unprofessionalism
- ☐ AR25: Sexual Harassment
- ☐ AR25: Discrimination
- ☐ Other

*Is it based on a protected characteristic under AR25 or HRP&P 2.14: Discrimination/Sexual Harassment?*

- ☐ Race
- ☐ Gender
- ☐ Age
- ☐ Color
- ☐ Religion
- ☐ Disability Status
- ☐ HIV Status
- ☐ Marital Status
- ☐ Military Status
- ☐ Sexual Orientation
- ☐ Transgender Status
- ☐ Ethnicity
- ☐ National Origin
- ☐ Appalachian Regional Ancestry
- ☐ Retaliation (for filing a claim based on a protected characteristic)

12) Was the incident reported to anyone? If yes, to whom and when?

13) What remedy or resolution are you seeking?

14) Have you filed a complaint elsewhere regarding this issue (union, Civil Service, EEOC, OCRC, etc.)? If so, with whom and when?

**CONFIDENTIALITY:** The Department maintains confidentiality to the extent possible. However, employment related documents may be considered public records under Ohio's Public Records Act, subject to release.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Complaint Received by